

MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS I-02.1	Subject: Emergency Medications			
Reference: NCCHC Standards P-I-02, 2014 and M-I-02, 2015		Page 1 of 2 and no attachments		
Effective Date: November 1, 2010		Revised: June 1, 2017		
Signature / Title: /s/ Tricia Ayers-Weiss, CSD Mental Health Bureau Chief				
Signature / Title: /s/ Medical Director				
Signature / Title: /s/				

I. Purpose:

To describe circumstances under which an inmate may be given prescription medication over his objection or without his consent. Inmates refusing medication may be administered prescription medication over their objection in an emergency situation. Emergency psychotropic medications may not be used simply to control behavior or as a disciplinary measure.

II. Definitions:

Emergency condition - the inmate is in imminent danger of injuring himself or others as evidenced by symptoms which have in the past reliably predicted imminent dangerousness in the particular inmate. The inmate has committed an overt act, including but not limited to, a credible threat of bodily harm, an assault on another person, or self-destructive behavior. The inmate's life is in imminent danger due to toxicity arising from the use or abuse of another medication, drug, or other substance. The patient's life is in imminent danger because of a severely debilitated condition or other severe mental health condition.

III. Procedures:

A. Emergency medication:

- 1. The Psychiatrist or Physician will initiate an order verbally or in writing at the time of the intervention and thereafter will renew the emergency medication order verbally or in writing every 72 hours.
- 2. The Psychiatrist or Physician will initially evaluate the inmate within 24 hours, or the next working day after the intervention, and at least every 72 hours thereafter excluding weekends and holidays.
- 3. The Psychiatrist or Physician will initiate a transfer or commitment to Montana State Hospital or will initiate proceedings for Involuntary Psychotropic Medications (HS I-02.0) if emergency medication is indicated beyond 7 working days.
- 4. The Psychiatrist or Physician may not administer emergency medications exceeding a period of 14 working days without authorization from the Treatment Review Committee (see HS I-02.0).

B. Documentation:

- 1. The Psychiatrist or Physician will document the following in the medical file within 24 hours of initiating the intervention (excluding weekends and holidays):
 - a. the inmate's condition;
 - b. the threat posed;
 - c. the reason for forcing the medication;
 - d. other treatment modalities attempted, if any; and
 - e. treatment goals for less restrictive treatment alternatives as soon as possible.

Procedure No. MSP HS I-02.1	Subject: Emergency Medications	
Effective Date: November 1, 2010		p.2 of 2

2. The Psychiatrist or Physician will document in the medical file every 72 hours thereafter (excluding weekends and holidays), as long as the emergency exists.

C. Consultation:

- 1. If emergency medications are indicated beyond seven working days, the Psychiatrist or Physician will obtain a documented, concurring consultation with another physician, to include an examination of the inmate and review of the patient's record.
- If consultation cannot be obtained within seven working days, then no medication will be administered until such concurring consultation is obtained and documented.

D. Location:

- 1. Emergency medications will only be administered in the infirmary, unless the inmate's behavior is deemed too disruptive or dangerous for the infirmary environment.
- 2. If the inmate's behavior is deemed too disruptive or dangerous for the infirmary environment, the inmate will be given the medications in an appropriate housing unit.

E. Monitoring and Documentation:

Licensed nursing staff will closely monitor each inmate who is undergoing emergency medication treatment, and will document, every 24 hours, in the inmate's medical file, a description of the desired/undesirable effects, so long as the emergency exists.

IV. Closing

Questions concerning this operational procedure will be directed to the Mental Health Services Manager.

V. Attachments

None